

## Meniscal Repair Outpatient Protocol/Guidelines

**Surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.**

Phase I (0-2 Weeks)	Phase II (Weeks 3-4)	Phase III (Weeks 5-7)	Phase IV (Weeks 8+)
<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• NO resistive HS exercises</li> <li>• NO loaded knee flexion</li> <li>• Brace at all times; typically locked into extension</li> <li>• PWB to WBAT in immobilizer per MD instructions</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>• Patellar mobs</li> <li>• NMES as needed</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <ul style="list-style-type: none"> <li>• PROM knee flexion to 90°</li> <li>• Focus on full extension</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• A/PROM within restrictions</li> <li>• Ankle pumps</li> <li>• Quad sets</li> <li>• SLR x 4 planes</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>• SLR without extensor lag</li> <li>• ROM: full extension to 90° flexion</li> <li>• Compliant with WB status with crutches (in brace)</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• NO resisted HS exercises</li> <li>• NO loaded knee flex beyond 45°</li> <li>• Brace at all times</li> <li>• WBAT in immobilizer</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>• Patellar mobs</li> <li>• NMES as needed</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <ul style="list-style-type: none"> <li>• To tolerance</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• A/PROM within tolerance</li> <li>• Multi angle knee extension isometrics 0-90°</li> <li>• Knee extension stretch</li> <li>• Calf raises</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>• Pain and effusion under control</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• NO resisted HS until week 7</li> <li>• NO loaded knee flexion beyond 70°</li> <li>• Discharge brace and crutches as able</li> <li>• WBAT progressing to FWB with normal gait pattern</li> <li>• Observe and correct for knee/hip alignment with squatting and single limb stance activities</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <ul style="list-style-type: none"> <li>• Full – working toward symmetrical knee flexion</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Initiate stationary bike – progress intensity and duration gradually</li> <li>• CKC exercises – loaded knee flexion up to 70°</li> <li>• Proprioception progression</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Normal gait</li> <li>• Minimal pain and effusion</li> </ul>	<p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Progress PREs</li> <li>• Begin loaded flexion beyond 70° as tolerated</li> <li>• Begin walk/jog program</li> </ul> <p style="text-align: center;"><b>Criteria to Advance to Sports Phase at 12 Weeks</b></p> <ul style="list-style-type: none"> <li>• Equal A/PROM</li> <li>• Jogging pain-free with symmetrical gait</li> <li>• Strength portion of LE functional test within 80% of uninjured leg</li> </ul> <p style="text-align: center;"><b>GOALS</b></p> <ul style="list-style-type: none"> <li>• Running 20-30 min at normal pace w/o difficulty (pain, swelling, or giving way)</li> </ul>

# **Meniscal Repair**

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### **REFERENCES**

Lind M, Nielsen T, Faune P, Lund B, Christiansen SE. Free rehabilitation is safe after isolated meniscus repair. *Am J Sports Med.* 2013;41:2753-2758

Current Concepts of Orthopedic Physical Therapy, 3<sup>rd</sup> Edition, The Knee: Physical Therapy Management Utilizing Current Evidence. University of Delaware protocol.

Logerstedt DS, Snyder-Mackler L, Ritter RC, Axe MJ. Knee pain and mobility impairments: meniscal and articular cartilage lesions. *J Orthop Sports Phys Ther.* 2010;40:A1–A35.